Title 19 - DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30 - Division of Regulation and Licensure

Chapter 40 – Comprehensive Emergency Medical Services Systems Regulations PROPOSED REGULATIONS (DRAFT)

19 CSR 30-40.XXX Definitions and Abbreviations Relating to Stroke Centers.

PURPOSE: This rule defines terminology related to stroke Centers

- (1) The following definitions and abbreviations shall be used in the interpretation of the rules in 19 CSR 30-40.xxx to 19 CSR 30-40.xxx:
 - (A) **Anesthesiologist assistant** (AA) means a person who meets each of the following conditions:
 - 1. Has graduated from an anesthesiologist assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency;
 - 2. Has passed the certifying examination administered by the National Commission on Certification of Anesthesiologist Assistants;
 - 3. Has active certification by the National Commission on Certification of Anesthesiologist Assistants; Is currently licensed as an anesthesiologist assistant in the state of Missouri; and
 - 4. Provides health care services delegated by a licensed anesthesiologist. For the purposes of subsection (1) (B), the licensed anesthesiologist shall be "immediately available" as this term is defined in section 334.400 RSMo.
 - (B) **Department** refers to the department of health and senior services, state of Missouri;
 - (C) **Director** means the director of the department of health and senior services or the director's duly authorized representative;
 - (D) **Board-admissible** means that a physician has applied to a specialty board and has received a ruling that she has fulfilled the requirements to take the examinations. Board certification must be obtained within five (5) years of the first appointment;
 - (E) **Board-certified** means that a physician has fulfilled all requirements, has satisfactorily completed the written and oral examinations, and has been awarded a board diploma in a specialty field;
 - (F) Certified registered nurse anesthetist (CRNA) means a registered nurse who has graduated from a school of nurse anesthesia accredited by the Council on Accreditation of Educational Programs of Nurse Anesthesia or its predecessor and who has been certified as a nurse anesthetist by the Council on Certification of Nurse Anesthetists;
 - (G) **Clinical staff** is an individual that has specific training and experience in the treatment and management of patients with cerebrovascular disease. Examples include physicians, registered nurses, advanced practice nurses, physician assistants, pharmacists, and technologists.
 - (H) **Clinical Stroke Team** is a team of healthcare professionals involved in the care of the stroke patient. The clinical stroke team is part of the hospital stroke program's stroke team.
 - (I) Continuing Medical Education (CME) means continuing medical education and refers to the highest level of continuing education approved or recognized by a national and/or state professional organization and/or Stroke medical director

- (J) **Continuing nursing education** means education approved or recognized by a national and/or state professional organization and/or Stroke medical director;
- (K) Core Stroke Team consists of a physician experienced in diagnosing and treating cerebrovascular disease, usually the stroke medical director, and at least one other healthcare professional or qualified individual competent in stroke care as determined by the hospital, usually the stroke program manager/coordinator.
- (L) **Credentialed or credentialing** is a hospital-specific system of documenting and recognizing the qualifications of medical staff and nurses and authorizing the performance of certain procedures and establishing clinical privileges in the hospital setting;
- (M) **Emergency Medical Service** regions consist of six regions across the state as defined in state regulation.
- (N) **Hospital** means an establishment as defined in the hospital licensing law, subsection 2 of section 197.020, RSMo, or a hospital operated by the state;
- (O) **Immediately available (IA)** means being present at bedside at the time of the patient's arrival at the hospital when prior notification is possible and no more than twenty (20) minutes from the hospital under normal driving and weather conditions;
- (P) **In-house** (**IH**) means being on the hospital premises twenty-four (24) hours a day;
- (Q) **Missouri stroke registry** is a statewide data collection system comprised of key data elements as identified by the Department of Health and Senior Services used to compile and trend statistics of stroke patients both prehospital and hospital, using a coordinated electronic reporting method provided by the Missouri Department of Health and Senior Services;
- (R) **Multidisciplinary stroke meeting** means a conference of members of the stroke center team and other appropriate hospital personnel to review the care of stroke patients at the hospital;
- (S) **Multidisciplinary Team** is a team of appropriate representatives of hospital units involved in the care of the stroke patient. This team supports the care of the stroke patient with the stroke team.
- (T) **Patient** is an individual who is sick, injured, wounded, diseased, or otherwise incapacitated or helpless, or dead, excluding deceased individuals being transported from or between private or public institutions, homes or cemeteries, and individuals declared dead prior to the time an ambulance is called for assistance;
- (U) **Person** as used in these definitions and elsewhere in sections 190.001 to 190.245, any individual, firm, partnership, co-partnership, joint venture, association, cooperative organization, corporation, municipal or private, and whether organized for profit or not, state, county, political subdivision, state department, commission, board, bureau or fraternal organization, estate, public trust, business or common law trust, receiver, assignee for the benefit of creditors, trustee or trustee in bankruptcy, or any other service user or provider;
- (V) **Physician**, a person licensed as a physician pursuant to chapter 334, RSMo;

- (W) **Promptly available (PA)** means arrival at the hospital at the patient's bedside within thirty (30) minutes after notification of a patient's arrival at the hospital;
- (X) **Protocol,** a predetermined, written medical care guideline, which may include standing orders;
- (Y) Qualified individual is a licensed individual that demonstrates administrative ability and shows evidence of educational preparation and clinical experience in the care of cerebrovascular patients.
- (**Z**) **Repatriation** is the process used to return a stroke patient to their home community from a level I or II stroke center after their acute treatment for stroke has been completed. This allows the patient to be closer to home for continued hospitalization or rehabilitation and follow-up care as indicated by the patient's condition.
- (AA) **(R)-Requirement** is a symbol to indicate that a standard is a requirement for Stroke center designation at a particular level;
- (BB) **Review** is the inspection of hospitals to determine compliance with the rules of this chapter. There are four (4) types of reviews: the initial review of hospitals never before designated as Stroke centers or hospitals never before reviewed for compliance with the rules of this chapter or hospitals applying for a new level of Stroke center designation; the verification review to evaluate the correction of any deficiencies noted in a previous review; and the validation review, which shall occur every five (5) years to assure continued compliance with the rules of this chapter, and a focus review to allow review of substantial deficiencies by a review team;
- (CC) **Stroke**, a condition of impaired blood flow to a patient's brain as defined by the department;
- (DD) **Stroke Call Roster** is a schedule of licensed health professionals available 24 hours a day 7 days a week for the care of the stroke patient.
- (EE) **Stroke care** includes emergency transport, triage, and acute intervention and other acute care services for stroke that potentially require immediate medical or surgical intervention or treatment, and may include education, primary prevention, acute intervention, acute and sub-acute management, prevention of complications, secondary stroke prevention, and rehabilitative services;
- (FF) **Stroke center,** a hospital that is currently designated as such by the department; Level I is the highest level of designation of a stroke receiving center and functions as the resource center for the hospitals within that region. Level II is the next highest level of designation of stroke receiving center dealing with large volumes of stroke patients (may be a JCAHO certified primary stroke center). Level III is the next level with limited resources and functions as a drip and ship stroke referral center; Level IV is the next level with limited resources, only functions as a stroke referral center and provides access into the stroke system for non-metropolitan statistical areas of the state. Their function is to identify, stabilize and facilitate rapid transfer of the stroke patient to a higher level of care.
- (GG) **Stroke medical director** is a physician designated by the hospital who is responsible for the stroke service and performance improvement and patient safety programs related to stroke care;

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- (HH) **Stroke program manager/coordinator** is a registered nurse or qualified individual designated by the hospital with responsibility for monitoring and evaluating the care of stroke patients and the coordination of performance improvement and patient safety programs for the stroke center in conjunction with the stroke medical director;
- (II) **Stroke nursing course** is an education program in nursing care of stroke patients;
- (JJ)**Stroke program** is an organizational component of the hospital specializing in the care of stroke patients;
- (KK) Stroke Team is a component of the hospital stroke program and consists of the core stroke team and the clinical stroke team.